The Falklands are a British overseas territory just to the east of the southern tip of South America that came to world attention during the 1982 conflict with Argentina. The archipelago comprises two main islands and some 20 other inhabited islands and upwards of 300 smaller ones, covering an area about the size of half of Wales. Most of the population is centred in the capital, Stanley, and in the military base at Mount Pleasant. The total population, civilian and military, is some 5000, with the deep sea fishing fleets adding another 5000 or so. The islands are situated on the same latitude as Oxford, but due to the lack of the Gulf Stream are cooler than southern England—the climate being more akin to Scotland, where a significant proportion of the early settlers originated from.

Before the 1982 conflict the medical services were very limited mainly due to the lack of the Gulf Stream are cooler than southern England—the climate being more akin to Scotland, where a significant proportion of the early settlers originated from.

The medical services are based in Stanley at the King Edward VII Memorial Hospital which was rebuilt in 1987 after a tragic fire destroyed the previous wooden building. Out of the ashes arose a modern very well equipped facility. The range of equipment and facilities often surprises medical visitors, since Stanley is really only the size of a British village. This is because the hospital is the only medical facility for a large area of the South Atlantic, with referrals coming from as far as Tristan da Cunha, South Georgia, and Antarctica.

Maintenance of standards is critical in such a small system. As previously mentioned, the surgical and anaesthetic services are externally audited, the GP services are due to be audited by the Royal College of General Practitioners later this year, and the laboratory participates in the UK NEQAS system and scores well above average. Clinical governance holds few worries for us as we already have a performance management scheme for all staff. In my opinion
the key to an effective clinical governance system is to ensure that the standards are agreed as being relevant and meaningful by the staff that are to be assessed and that adequate resources are made available to rectify any deficiencies highlighted. The Falkland Islands Government has recognised this and is committing significant sums to staff training.

Health priorities are set by the Chief Medical Officer writing a “Health of the Nation Report” on a regular basis. Recent issues that have been highlighted are smoking, alcohol, dental health, and provision of care to the elderly and vulnerable in society. Working parties chaired by lay persons and including a majority of interested public, including youth, have produced in depth reports that now have to be implemented. Attitudes to smoking in the Falklands are very different to Britain, with a higher rate of smoking and very few smoke-free areas. Attitudes are beginning to change. There is a clear link between alcohol and depression; services to deal with these problems and education to alter society’s behaviour are urgently required. Dental health is poor, partially due to lack of fluoridation of the water supply. The debate to fluoridate is just about to begin. Strangely in most countries poor dental health is associated with poverty, but here it is associated with affluence, with parents providing their children with too many sweets and sugar-containing drinks.

The delivery of healthcare in the Falklands clearly demonstrates that it is possible to have high quality healthcare without large numbers of superspecialists and that doctors, nurses, and other health workers can expand their roles provided that they are supported by access to advice by telephone or email and given adequate training. This model of healthcare is radically different from that of the UK, which is going down the road of increasing specialisation and subspecialisation. There are a number of reasons that the UK has gone down the route it has: Calman training, medicolegal concerns, a generalised blame culture, and league tables. No longer is one’s best considered adequate. Although supervision of the medical profession needed revamping, the obsessions with surgical results is producing a climate where anything less than perfection is unacceptable, however unreasonable this may be.

My opinion is that the demise of generalists is a very retrograde step. In the long term it will lead to fragmented care and increased costs. Certainly for the Falklands it is going to create a major recruitment problem as there simply will not be the type of GPs, surgeons, and anaesthetists that we require. I believe the only solution is to develop a speciality of rural/remote medicine. Diplomas offered by Aberdeen and the Peninsular medical schools are a welcome step in the right direction, but I believe we must continue to train broadly educated hospital specialists.

The enjoyment of working in a remote place such as the Falklands is the sense of fulfilment in providing a thoroughly good level of service to the community one lives in, most of whom are personal friends or acquaintances. There are frustrations in that anonymity is impossible, and working for a civil service results in inevitable bureaucratic delays compared with the relative freedom of working as an independent contractor.

In the longer term the key to a successful health service is that policy is developed by the professionals in close consultation with the politicians; funding matches tasks and objectives are those that are considered medically desirable rather than politically expedient. In the Falklands the health professionals have a closer and effective relationship with the politicians. Achieving that goal in the UK sadly seems to be remote.

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